

TABLE 15. Percentage of Medicaid Benefit Spending on Managed Care by State and Eligibility Group, FY 2011

Percentage of Enrollees												
Any managed care							Comprehensive risk-based managed care					
State	Total	Children	Adults	Disabled	Aged	Dually eligible enrollees ¹	Total	Children	Adults	Disabled	Aged	Dually eligible enrollees ¹
Total ²	25.3%	45.6%	46.9%	16.8%	9.9%	8.7%	23.9%	44.2%	46.1%	15.1%	8.6%	6.8%
Alabama	2.3	1.6	13.3	0.8	1.0	1.3	0.5	—	0.0	0.5	1.0	1.3
Alaska	—	—	—	—	—	—	—	—	—	—	—	—
Arizona	84.4	85.4	87.0	83.0	80.1	81.1	83.3	84.3	85.2	82.7	79.4	80.5
Arkansas	0.4	1.1	0.5	0.2	0.1	0.1	0.0	—	0.0	—	0.0	0.0
California	20.7	47.9	20.1	12.8	14.9	15.9	19.8	47.4	19.9	12.4	12.7	14.1
Colorado	12.1	17.1	10.4	11.0	10.4	10.2	6.1	5.7	5.5	4.8	9.5	6.9
Connecticut	14.4	48.4	32.5	0.1	0.0	0.1	14.4	48.4	32.5	0.1	0.0	0.1
Delaware	50.6	65.4	83.6	30.4	2.7	2.2	50.5	65.3	83.5	30.3	2.5	2.0
District of Columbia	29.7	67.7	79.2	12.3	1.1	1.8	28.8	67.1	79.1	10.9	0.2	0.4
Florida	18.1	34.5	21.2	15.0	10.0	5.9	18.1	34.5	21.2	15.0	10.0	5.9
Georgia	35.4	84.3	81.8	1.4	0.3	0.7	35.2	84.3	81.8	1.0	0.0	0.4
Hawaii	78.2	76.8	79.5	66.8	89.4	79.2	78.2	76.8	79.5	66.8	89.4	79.2
Idaho	—	—	—	—	—	—	—	—	—	—	—	—
Illinois	2.9	5.3	6.1	1.1	0.9	0.2	2.1	3.4	4.2	1.0	0.9	0.2
Indiana	18.1	54.3	70.0	2.3	0.1	0.2	17.9	54.1	70.0	2.1	0.0	0.2
Iowa	4.8	10.7	6.3	4.1	1.2	2.4	0.1	—	—	0.1	0.2	0.2
Kansas	24.2	59.9	71.2	9.8	2.4	3.4	18.6	53.9	70.4	1.1	0.6	0.5
Kentucky	12.9	24.3	21.6	9.5	1.8	2.1	11.9	21.7	20.4	9.1	1.4	1.8
Louisiana	0.2	0.6	0.1	0.1	0.4	0.2	0.1	—	—	0.0	0.4	0.2
Maine	²	²	²	²	²	²	²	²	²	²	²	²
Maryland	38.3	56.0	79.6	29.0	0.8	1.9	38.3	56.0	79.6	29.0	0.8	1.9
Massachusetts	29.4	49.3	58.6	19.8	15.6	9.6	26.5	44.8	54.4	16.5	15.6	9.5
Michigan	51.2	71.4	71.9	54.0	7.1	20.9	45.0	69.8	70.8	43.2	2.1	3.8
Minnesota	39.0	78.1	78.0	3.9	41.7	22.4	39.0	78.1	78.0	3.9	41.7	22.4
Mississippi	6.1	0.3	0.3	13.5	0.2	0.2	6.1	0.3	0.3	13.5	0.2	0.2
Missouri	14.8	47.0	43.0	0.8	0.9	0.9	14.4	47.0	43.0	0.2	0.0	0.0
Montana	0.8	2.4	0.9	0.3	0.0	0.0	—	—	—	—	—	—
Nebraska	14.8	22.7	40.7	10.9	2.2	0.6	14.8	22.7	40.7	10.9	2.2	0.6
Nevada	22.4	51.5	58.7	0.4	0.3	0.4	22.1	51.2	58.5	0.2	0.0	0.1
New Hampshire	—	—	—	—	—	—	—	—	—	—	—	—
New Jersey	24.4	58.3	71.7	18.4	5.0	4.6	24.0	58.2	71.6	18.1	4.2	3.9
New Mexico	68.5	78.0	83.3	47.2	15.4	5.9	68.5	78.0	83.3	47.2	15.5	5.9
New York	22.4	52.5	50.3	10.1	10.6	7.0	22.4	52.5	50.3	10.1	10.6	7.0
North Carolina	3.5	5.3	4.0	3.6	0.9	1.9	0.1	—	—	0.0	0.2	0.2
North Dakota	0.7	2.2	0.4	0.1	0.8	0.5	0.5	1.5	0.0	0.0	0.8	0.5
Ohio	32.8	71.4	80.2	20.7	2.5	2.5	32.8	71.4	80.2	20.7	2.5	2.5
Oklahoma	4.1	5.3	1.9	3.6	4.7	3.9	0.2	—	—	0.0	1.1	0.2
Oregon	47.0	79.8	81.0	36.3	6.6	9.3	45.3	75.8	80.0	34.3	6.0	8.1
Pennsylvania	47.5	84.7	76.4	49.1	7.3	7.3	43.7	79.6	74.4	44.9	4.9	4.0
Rhode Island	35.9	75.3	84.8	13.2	0.0	0.3	35.9	75.3	84.8	13.2	0.0	0.3
South Carolina	28.8	49.5	58.3	20.0	1.8	2.4	28.1	48.2	57.9	19.7	0.3	1.3
South Dakota	0.2	0.7	0.3	0.0	0.0	0.0	—	—	—	—	—	—
Tennessee	²	²	²	²	²	²	²	²	²	²	²	²
Texas	21.3	38.4	26.3	11.5	8.5	8.9	21.1	37.9	26.1	11.4	8.5	8.9
Utah	21.0	23.0	11.2	25.6	9.4	22.9	1.3	3.0	0.0	1.1	0.1	0.8

Vermont	21.7	3	3	3	3	3	3	3	3	3	3	3
Virginia	27.7	43.1	62.8	21.8	4.3	1.0	27.7	43.0	62.8	21.8	4.3	0.9
Washington	26.6	69.8	57.6	3.6	1.6	1.6	26.6	69.8	57.6	3.5	1.6	1.6
West Virginia	12.8	47.2	51.8	0.2	0.0	0.1	12.8	47.1	51.8	0.2	0.0	0.1
Wisconsin	44.3	55.9	58.5	39.2	38.7	40.9	21.8	55.8	58.3	7.3	7.5	7.0
Wyoming	—	—	—	—	—	—	—	—	—	—	—	—

Notes: Includes federal and state funds. Excludes administrative spending, the territories, and Medicaid-expansion CHIP enrollees. Children and adults under age 65 who qualify for Medicaid on the basis of a disability are included in the disabled category. About 706,000 enrollees age 65 and older are identified in the data as disabled; given that disability is not an eligibility pathway for individuals age 65 and older, MACPAC recodes these enrollees as aged. Benefit spending from Medicaid Statistical Information System (MSIS) data has been adjusted to reflect CMS-64 totals. Due to changes in both methods and data, figures shown here are not directly comparable to earlier years. With regard to methods, spending totals now exclude disproportionate share hospital (DSH) payments, which were previously included. In addition, due to the unavailability of several states' MSIS Annual Person Summary (APS) data for fiscal year (FY) 2011, which is the source used in prior editions of this table, MACPAC calculated spending and enrollment from the full MSIS data files that are used to create the APS files. See Section 5 of MACStats for additional information. Any managed care includes comprehensive risk-based plans, limited-benefit plans, and primary care case management programs.

Zeroes indicate amounts less than 0.05 percent that round to zero. Dashes indicate amounts that are true zeroes.

1 Dually eligible enrollees are individuals who are covered by both Medicaid and Medicare; these figures include those with full Medicaid benefits and those with limited benefits who only receive Medicaid assistance with Medicare premiums and cost sharing. For dually eligible enrollees in a comprehensive Medicaid managed care plan, Medicare is still the primary payer of most acute care services; as a result, the Medicaid plan may only provide a subset of the comprehensive services normally covered under its contract with the state.

2 Maine (\$2.3 billion in benefit spending) and Tennessee (\$7.9 billion in benefit spending) were excluded due to MSIS spending data anomalies.

3 Due to large differences in the way managed care spending is reported by Vermont in CMS-64 and MSIS data, benefit spending based on MACPAC's adjustment methodology is not reported at a level lower than total Medicaid managed care.

Sources: MACPAC analysis of Medicaid Statistical Information System (MSIS) data and CMS-64 Financial Management Report (FMR) net expenditure data from CMS as of February 2014.